

PUBLIC HEALTH BRIEFING

RHODE ISLAND DEPARTMENT OF HEALTH

DAVID GIFFORD, MD, MPH, DIRECTOR OF HEALTH

EDITED BY JOHN P. FULTON, PhD

RHODE ISLAND DEPARTMENT OF HEALTH OFFICE OF WOMEN'S HEALTH: A GENDER FOCUS TO IMPROVE HEALTH STATUS

NANCY LIBBY-FISHER, MMHS

The concept of women's health, traditionally, has focused on reproductive health and breast and cervical cancer. This view has changed in the last decade to encompass the physical, mental, social, and economic factors that influence women's health status across their lifespan.

Women's health is devoted to facilitating the preservation of wellness and the prevention of illness in women and includes screening, diagnosis, and management of conditions which are unique to women; are more common in women; are more serious in women; and have manifestations, risk factors or interventions which are different in women.¹

HEALTH STATUS OF RHODE ISLAND WOMEN

The Office of Women's Health was created in 2001 to provide a gender-informed approach to programs and services within the Rhode Island Department of Health to eliminate health disparities and improve the health status of Rhode Island women and girls.

Health disparities for Rhode Island women are not solely a factor of gender. In addition to gender differences in health status, there are also substantial differences between women in Rhode Island compared to women nationally, in Rhode Island women as they age, and among different racial or ethnic groups.

Tobacco use in Rhode Island among adolescent girls, for example, is higher than among adolescent boys. About one in four women smoke and rates are similar for female high school students. A higher proportion of female students smoke than male students, with the greatest difference occurring in the 9th grade.²

Rhode Island women self-report a higher rate (11%) of asthma than Rhode Island men (6%), and the rate for RI women is higher than the median for US women (9%).³

Physical activity decreases as wom-

en age. Regular physical activity has been shown to reduce the risk of death from heart disease, lower the risk of developing diabetes, help prevent high blood pressures, and is associated with a decreased risk of colon cancer. Yet fewer than one woman in four (at any age) gets the minimum recommended amount of physical activity and the percent of Rhode Island women who are active decreases with age.⁴

Overweight and obesity are associated with 54 co-morbid diseases. Although all women may be at risk, minority women are disproportionately affected. State data show that more than half of all Rhode Island women are overweight or obese. Hispanic and Black non-Hispanic women are more likely to be overweight than White non-Hispanic women, and minority women are more than twice as likely to be obese.⁵

OFFICE OF WOMEN'S HEALTH

The health status of men and women differ in many areas. Gender-neutral policies assume that everyone is affected by programs in the same way. The same interventions, however, do not necessarily yield equal results; different treatments may sometimes be required to achieve similar results,⁶ and the Office works with programs to identify areas where targeted efforts are needed.

Among its responsibilities, the Office hosts an annual statewide conference on women's health. Past conferences have focused on women 65 years of age and older, women in midlife from 45 – 64 years of age, and women of reproductive age between 18 – 44 years. This year the conference will focus on adolescent girls aged 11 – 17. "The Face of Health: Risk and Resiliency in Adolescent Girls" will be held at the Holiday Inn in Providence on November 15, 2005. Co-sponsors include the Health Department's Division of Family Health, Brown University/Women & Infants Hospital Cen-

ters of Excellence in Women's Health, and the Rhode Island Department of Education. Pre-registration is required; the cost is \$25.

The Office is assisted by an Internal Work Group comprised of representatives from all of the Department's Divisions. This group improves internal coordination among program areas, provides information, and addresses areas where there are significant disparities in the health of RI women.

For more information about the Office of Women's Health visit:

<http://www.health.ri.gov/disease/owh/index.php>

OSTEOPOROSIS PROGRAM

The Office of Women's Health is primarily a policy office, but it does have overall responsibility for the Department's Osteoporosis Program. In Rhode Island, the prevalence of osteoporosis and low bone mass for those over 50 years of age is 129,100 women and 53,500 men.⁷

The Osteoporosis Program Manager works closely with and staffs the RI Osteoporosis Coalition. The Department of Health and the Coalition share the goal of reducing osteoporosis in Rhode Island. Collaboratively they implement public awareness campaigns to educate people about the risks of osteoporosis and encourage them to talk with their doctor about this disease. Campaigns include osteoporosis education classes, bone density screenings, and distribution of educational materials at community health fairs.

A goal of the program is to reduce the number of undiagnosed cases of osteoporosis and increase treatment. Professional education efforts include articles about osteoporosis in *Medicine & Health/Rhode Island* and grand rounds at local hospitals. On October 1, 2005, the Coalition held the Osteoporosis Workshop for Physicians at the Marriott Hotel in Providence.

The Osteoporosis Program routinely assesses the status of osteoporosis

sis in Rhode Island by means of the state's annual Behavioral Risk Factor Surveillance System (BRFSS), a random telephone health survey of Rhode Island adults. Some of the questions ask about the information these individuals receive from their doctor or health care professional. The practice of doctors and health care providers is evaluated by asking survey participants questions pertaining to any discussion they recall with their doctor about the risks of osteoporosis, the need for calcium and vitamin D, and the recommendation for a bone mineral density test. In 2005 questions were included to estimate the prevalence of osteoporosis in Rhode Island.

Information about the Osteoporosis Program can be found on the Department's website: <http://www.health.ri.gov/disease/osteo/index.php>

WOMEN'S HEALTH ADVISORY COMMITTEE

The Office of Women's Health is guided by the Women's Health Advisory Committee whose members are appointed by the Director of Health and represent women from diverse areas of

the state, ages, professions, ethnic and racial groups, and abilities. The Advisory Committee provides leadership in setting priorities, makes recommendations to the Director of Health, advises on policies and programs that impact women, and increases the visibility of women's health issues. In its efforts to develop a coordinated, comprehensive health system for women in Rhode Island, it has enlisted the input of women throughout the state in their work, collaborated with other organizations and agencies, conducted public forums, and targeted areas of concern.

An Advisory Committee priority is health literacy. Health literacy seems to affect women more than men. Women who live in poverty or have less than a high school education have shorter life spans, higher rates of illness, injury, disability and death, and more limited access to high quality health care services. There is a high correlation between lower literacy levels, poverty and poorer health status. This creates an even greater burden since women, in addition to caring for their health needs, often function as gatekeepers for the health care of their families.

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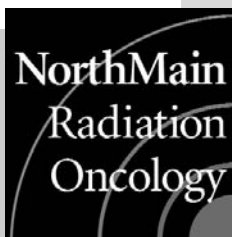
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Nancy Libby-Fisher, MMHS, is Program Manager, Women's Health Program, Rhode Island Department of Health.

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